

FARMERS' INITIALS: _____ FMNP NUMBER: _____
(Complete after reviewing Rules and Procedures or receiving training)

DATE RECEIVED (MDAC): _____



MISSISSIPPI FARMERS' MARKET NUTRITION PROGRAM
P.O. BOX 1609
JACKSON, MISSISSIPPI 39215-1609
Phone (601) 359-1100 • Fax (601) 354-6290

FARMER APPLICATION AND AGREEMENT

1. Name: _____

2. Farm/Business Name: _____ 3. Acres in Production: _____

4. Mailing Address: _____
(This is the address to receive all FMNP information, please list accurately.)

5. City: _____ 6. State: _____ 7. Zip: _____

8. Telephone: Home: _____ Cell: _____

9. E-mail address: _____

10. Farm Location: (Attach address or county if different than above and list travel directions)

11. List other growers with whom you share vendor space or coop produce or other family members or people that may be selling produce at the market:

12. Market Name (Market(s) farmer will participate): _____

(Please read before signing)

*I am a bona fide Mississippi agricultural producer and plan to grow or produce the crops listed on this form in **2015**. I agree to abide by the rules governing the Mississippi Farmers Market Nutrition Program (FMNP) and the rules of the farmers market. I understand that any violation of the FMNP rules may result in suspension or loss of my privilege to participate in the program. I also understand that a FMNP representative may verify the information provided on this application by visiting my farm. I agree to inform the FMNP coordinator or a local monitor/market manager if and when there are changes in my production or marketing that affect the validity of the information provided on this form.*

Signature

Date

Market Manager/MDAC Signature
(New farmers in 2015 must have manager signature)

Date approved

COMPLETE THE BACK SECTION

CROP PLAN

Spring/Summer

Product	Acres*	Months

Fall

Product	Acres*	Months

**If not applicable by acres, list by number of rows or feet.*

TO BE COMPLETED BY THE MISSISSIPPI DEPT OF AGRICULTURE AND COMMERCE STAFF	
<i>This certifies the farmer completing this form is approved for participation in the Mississippi Farmers Market Nutrition Program and/or the Senior Farmers Market Nutrition Program Pilot Project target sites.</i>	
Farmer Certification Number:	
Market Site:	
MFNP Staff:	Date: